Department of Social and Health Services

Olympia, Washington

EAZ Manual

Revision # 1000

Category Verification Charts – Shelter Costs Change

Issued July 2, 2018

Revision Author: Jared Beard

Division CSD

Mail Stop 45440

Phone 360-725-4617

Email Beardjt@dshs.wa.gov

Summary

Clarifying the verification process for shelter expenses.

See below for edited text:

Verification Requirements Chart - Cash Assistance and Basic Food

| WHAT TO VERIFY | CASH ASSISTANCE | BASIC FOOD |
|--------------------------|---|--------------------------------------|
| Alien Status | X For all non-citizen AU members* | X For all non-citizen AU members* |
| Child Support Obligation | X | X Only if questionable |

| WHAT TO VERIFY | CASH ASSISTANCE | BASIC FOOD |
|--|------------------------|--|
| | | (Continue to check SEMS for cases through DCS) |
| Citizenship | X Only if Questionable | X Only if questionable |
| Dependent Care Expenses (Including transportation costs) | | X Only if questionable (Continue to check WCAP for WCCC copays |
| Disability | X | X |
| Emergent Medical Condition | | |
| Household Composition (Includes Purchase & Prepare arrangements) | X Only if questionable | X Only if questionable |
| Identity | X For all AU members | X For applicant or both the Head of Household and Authorized Representative |
| Incapacity | | X |
| Income | X | X Recertification: If source has changed; or If amount has changed over \$50. NOTE: There is no requirement to verify income-in-kind for BF. |

| WHAT TO VERIFY | CASH ASSISTANCE | BASIC FOOD |
|--------------------------|--|--|
| LAM (Living Above Means) | X Only if Questionable | X Only if questionable |
| Medical Expenses | | X Only for elderly persons or persons with disabilities: • At initial application if expenses are more than \$35 monthly; and • At recertification or change of circumstances if expenses have changed by more than \$25. |
| Pregnancy | X Including Estimated Due Date | |
| Residency | | X Households that are not Categorically Eligible (CE) for Basic Food |
| Shelter Costs | X Only if questionable, or causes an increase to benefits for a recipient. | X Only if questionable |
| SSN Application | X | X |
| Questionable Information | X | X |

Deleted: Only if questionable.

Deleted: ¶

Formatted: Indent: Left: 0"

^{*} Persons who are here without documentation are not required to verify that fact.